



Client Information:

First Name: _____ Last Name: _____
Last 4 digits of SSN: _____ Place of Employment: _____
Home Address: _____
City/State: _____ Zip Code: _____ County: _____
Primary Phone: _____ Home/Mobile
Alternate Phone: _____ Home/Mobile
E-Mail: _____
Spouse/Co-Owner Name: _____ Phone: _____ Home/Mobile
Preferred method of communication (Please circle) Phone E-mail

Patient Information:

Pet's Name: _____ Age: _____ Birthdate: _____
Canine or Feline or Other Breed (if any): _____ Color: _____
(Please circle) Male or Female Spayed/Neutered? Yes or No Microchip? Yes or No
Chronic medical conditions/ Current medications (if any): _____

Last veterinary visit: _____
Has your pet ever had an allergic reaction to vaccines? Yes / No
Do you have other pets at home? Yes / No

How did you hear about us? (Please circle all that apply.)

Drive-by Internet Phonebook Springboro Greeting Service Coupon Website

Client: _____ Other: _____
Please provide their name so we may thank them.

_____ I agree that **The Vet In Springboro, Inc.** may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

FINANCIAL POLICY: We honor Visa, MasterCard, Discover, American Express, and cash. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE.** Any unpaid balance will be subject to finance charges or a monthly \$5.00 billing fee. Accounts that are over 90 days past due from the date of service will be turned over to a collection agency.

AUTHORIZATION FOR TREATMENT: I hereby authorize the veterinarian or any employee instructed by the veterinarian to examine, prescribe or treat the above-described animal, and affirm that I am responsible for making medical and financial decision for said animal. I understand that all professional fees are due at the time of service. I have read and understand the financial policy.

Signature of responsible party Date